## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # P01000036391** 1. Entity Name 04-09-2004 90041 010 \*\*\*150.00 C. CÚRTNER, INC. Principal Place of Business Mailing Address 8711 S FEDERAL HWY 8711 S FEDERAL HWY PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 No Chg-P CR2E034 (10/03) DO NOT-WRITE-IN-THIS-SPACE. 4.FFEI Number Applied For 65-1089604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURTNER, CARL DO NOT WRITE 962 NE COUNTRY WAY JENSEN BEACH, FL 34957 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΠ TITLE CURTNER, CARL F NAME STREET ADDRESS 962 NE COUNTRY WAY CITY-ST-ZIP JENSEN BEACH, FL 37957 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachr SIGNATURE:

FILED